



CITY OF MINNEAPOLIS HEALTH DEPARTMENT
FOOD, LODGING AND POOLS
250 SOUTH 4TH STREET, ROOM 300
MINNEAPOLIS, MN 55415
PHONE: 612-673-2170, FAX: 612-673-5819

FOR OFFICE USE ONLY	
CHECK #:	AMOUNT:
DATE:	DIST. SAN.:
PLAN #:	RISK: (1 - 3)
REVIEWED BY:	

FOOD ESTABLISHMENT PLAN REVIEW APPLICATION

☐ MDA DELEGATED FACILITY

☐ LOG

☐ APPROVE

BUSINESS & OWNER INFORMATION

NAME OF PROPOSED BUSINESS: (PLEASE PRINT)		TELEPHONE:	
STREET ADDRESS OF PROPOSED BUSINESS:	CITY:	STATE:	ZIPCODE:
NAME OF OWNER:	E-MAIL ADDRESS:	TELEPHONE:	
MAILING ADDRESS OF OWNER:	CITY:	STATE:	ZIPCODE:

APPLICANT INFORMATION

NAME OF APPLICANT:		TELEPHONE:	
MAILING ADDRESS OF APPLICANT:	CITY:	STATE:	ZIPCODE:
APPLICANT TITLE: (OWNER, MANAGER, ARCHITECT, CONSULTANT, ETC.)	E-MAIL ADDRESS:		

CONSTRUCTION CATEGORY (check one)

- | | |
|--|---|
| <input type="checkbox"/> NEW CONSTRUCTION | <input type="checkbox"/> CHANGE OF LOCATION |
| <input type="checkbox"/> REMODEL (New Owner, Same Business) | <input type="checkbox"/> REMODEL (New Owner, Different Business) |
| <input type="checkbox"/> REMODEL (Same Owner, Same Business) | <input type="checkbox"/> REMODEL (Same Owner, Different Business) |

LICENSE CATEGORY (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> RESTAURANT | <input type="checkbox"/> GROCERY |
| <input type="checkbox"/> FOOD MANUFACTURER | <input type="checkbox"/> CONFECTIONERY |
| <input type="checkbox"/> MEAT MARKET | <input type="checkbox"/> OTHER: (please specify) _____ |

TYPE OF SERVICE (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> SIT DOWN MEALS | <input type="checkbox"/> MOBILE VENDOR | <input type="checkbox"/> OTHER: (please specify) _____ |
| <input type="checkbox"/> TAKE OUT | <input type="checkbox"/> DELIVERY | |
| <input type="checkbox"/> CATERING | <input type="checkbox"/> LIQUOR | |

PROPOSED HOURS OF OPERATION

SUNDAY: _____	THURSDAY: _____
MONDAY: _____	FRIDAY: _____
TUESDAY: _____	SATURDAY: _____
WEDNESDAY: _____	

RISK

☐ RISK LEVEL 1

☐ RISK LEVEL 2

☐ RISK LEVEL 3

PROJECT INFORMATION

DESCRIPTION OF PROJECT

PROJECTED START DATE _____ PROJECTED COMPLETION DATE: _____

OTHER INFORMATION

TOTAL SQUARE FOOTAGE OF FACILITY: _____	NUMBER OF SEATS: _____
NUMBER OF EMPLOYEES (max. per shift): _____	NUMBER OF FLOORS OPERATIONS ARE CONDUCTED: _____

NAME OF CERTIFIED FOOD MANAGER: _____ COURSE DATE AND/OR EXPIRATION DATE: _____

Note: If processing potentially hazardous food products, must have certified food manager onsite within 45 days of opening.

SIGNATURE OF APPLICANT:

DATE:

Fees must be paid when plans are submitted (see "Food Establishment Plan Review Guide" for risk and fee).

MAKE CHECK OR MONEY ORDER PAYABLE TO: MINNEAPOLIS FINANCE DEPARTMENT.